

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service, 12-31-01.
- b. The request was received on 5-1-02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60
 - b. HCFA 1450
 - c. EOBs
 - d. Example EOBs
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Payment Methodology
 - c. HCFA 1450s
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-7-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-10-02. The response from the insurance carrier was received in the Division on 6-13-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: Letter dated 5-13-02.
"ACCORDING TO RULE 134.401(a)(4), NO FEE EXISTS FOR AMBULATORY SURGICAL CARE OR UOTPATIENT [SIC] SURGERY SERVICES, AND SERVICES ARE TO BE PAID AT A FAIR AND REASONABLE RATE UNTIL THE

ISSUANCE OF A FEE GUIDELINE...THE CARRIER, IN DETERMINING WHAT CONSTITUTES A 'FAIR AND REASONABLE RATE' DID CONSIDER THE MEDICARE, PPO AND HMO PAYMENTS, AND REVIEWED THE COMMISSION'S OWN GUIDELINES FOR ACUTE CARE. ACUTE CARE GUIDELINES STATE THAT \$1,118.00 IS A VALID REIMBURSEMENT FOR A FULL DAY OF INPATIENT CARE, OR APPROXIMATELY 24 HOURS. BY DEFINITION, OUTPATIENT OR AMBULATORY SURGICAL SERVICES ARE THOSE THAT REQUIRE LESS THAN 90 MINUTES ANESTHESIA TIME AND LESS THAN [SIC] FOUR HOURS OF RECOVERY. THIS MEANS THE PATIENT RECEIVES CARE FROM THE FACILITY FOR 1/4TH OF THE TIME OF BEING IN AN INPATIENT SETTING FOR A FULL DAY, AND THE FACILITY IS PAID AT THE **EQUIVALENT OF A ONE DAY INPATIENT STAY**... THE CARRIER HAS CONSISTENTLY APPLIED THIS REIMBURSEMENT RATIONALE FOR ALL A.S.C. SERVICES PROVIDED IN 2001."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only (DOS) eligible for review is 12-31-01.
2. The amount billed per the TWCC-60 is \$5,300.20.
3. The amount paid per the TWCC-60 is \$1,118.00. The amount in dispute per the TWCC-60 is \$4,182.00.
4. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted a UB-92 for ambulatory surgical services for date of service 12-31-01. The carrier has denied the charges in dispute as "M – IN TEXAS, OUTPATIENT SERVICES ARE TO BE PAID AS FAIR AND REASONABLE". The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

However, when determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. Therefore, no additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 28th day of August 2002.

Lesa Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

LL/II

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.